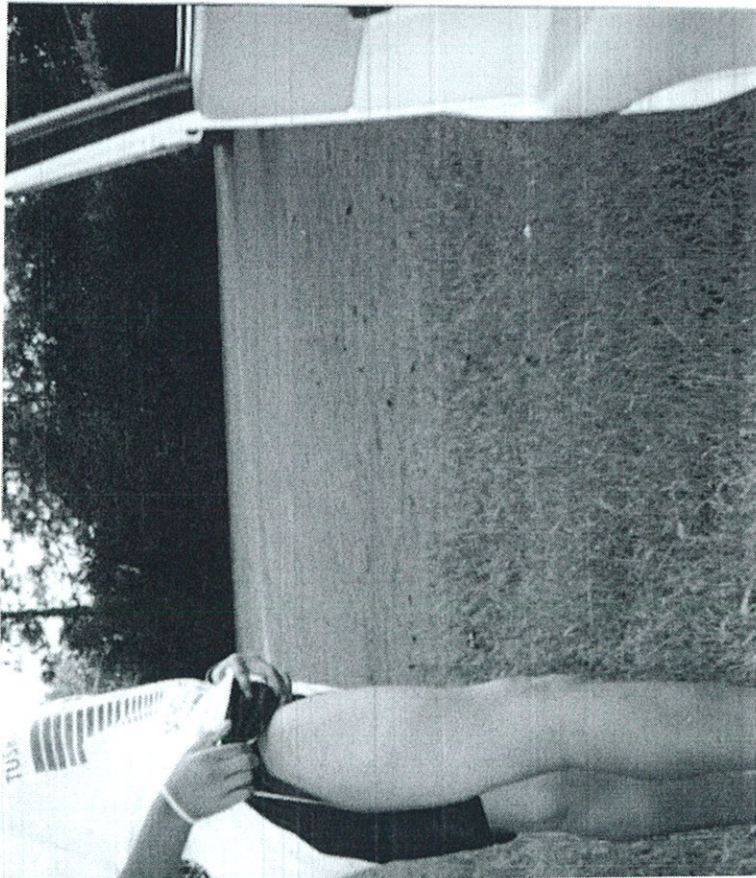




PLAINTIFF'S  
EXHIBIT  
5a



PLAINTIFF'S  
EXHIBIT  
5





PLAINTIFF'S  
EXHIBIT  
6

4625 bx 298 80-21-9

COMMUNITY HOSPITAL

805 FRIENDSHIP ROAD

TALLASSEE

AL 36078

## EMERGENCY ROOM • OUTPATIENT RECORD

PATIENT NUMBER 614424	TYPE 3	PATIENT NAME ARNOLD RICHARD L	AGE 11	BIRTHDATE 9/24/1993	SEX M	H/S SB	DATE OF SERVICE 8/28/05	TIME 11:57	CLERK INIT. AIF
ADDRESS - LINE 1 P O BOX 830122		ADDRESS - LINE 2		CITY TUSKEGEE	STATE AL	ZIP CODE 36083		TELEPHONE 334-725-1556	
PATIENT SSAN		NOTIFY IN CASE OF EMERGENCY - NAME ARNOLD RICHARD		RELATIONSHIP FATHER		ADDRESS		TELEPHONE 334-725-1556	
INSURANCE COMPANY MEDICAID OP				CONTRACT OR GROUP NUMBER 000424105838		DATE		PLACE	
						TIME		EVENT	
GUARANTOR NAME ARNOLD RICHARD L		GUARANTOR ADDRESS P O BOX 830122		CITY TUSKEGEE		STATE AL	ZIP CODE 36083	GUAR. TELEPHONE 725-1556	
GUARANTOR EMPLOYER STATE OF ALABAMA		GUARANTOR OCCUPATION		GUAR. EMPLOYER ADDRESS				GUAR. DOL TELEPHONE 283-2883	
PREV. SERVICE		PREV. SERV. DATE		IF MINOR - PARENT NAME		MED. REC. #		ADMITTING/IND PHYSICIAN BALLUZ RUL/WALKER MOL	
CHARGES		X-RAY	LAB	RESP. TH.	PHY. TH.	EKG	I.V.	DRUGS	SUPPLIES
								OTHER	M.D.
									E.R. RM
									TOTAL DUE

## AUTHORIZATION FOR TREATMENT, GUARANTEE OF PAYMENT, ASSIGNMENT OF INSURANCE BENEFITS

- The undersigned has been informed of the emergency treatment considered necessary for the above named patient, and that treatment and procedures will be performed by physicians, members of house staff and employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the results that may be obtained.
- The undersigned agrees to pay for services rendered by hospital upon release of patient.
- I/we hereby assign any hospital benefits, sick benefits, injury benefits due to a liability of a third party, payable by any party, for the above patient, to hospital unless I pay the account in full upon release of patient.
- I/we hereby authorize the "Administrator of Hospital" to furnish from its records any information requested by the before mentioned insurance companies in connection with the above assignment. I do hereby appoint the "Controller" of hospital as my lawful attorney to endorse for me any checks made payable to me for benefits or claims collected under the above assignment and to apply any credit balance to any other account I may owe said hospital.

DATE TIME SIGNED PATIENT SIGNED GUARANTOR

CHIEF COMPLAINT (If Accident State How, When, and Where)

TEMP.	PULSE	RESP.	B/P	ALLERGIES	MEDICATIONS - HOME	E.R. PHYSICIAN	TET. TOX.
-------	-------	-------	-----	-----------	--------------------	----------------	-----------

NURSES NOTES:

LAB DATA (Including X-Rays, EKGs, etc.)						NURSE'S SIGNATURE (RN OR LPN)
---	--	--	--	--	--	-------------------------------

PHYSICIAN'S REPORT

## DIAGNOSIS:

TREATMENT:

INSTRUCTIONS TO PATIENT:

FOLLOW-UP WITH			M.D.
----------------	--	--	------

PATIENT'S SIGNATURE ON DISCHARGE  
BY SIGNING HERE I CERTIFY THAT I UNDERSTAND THE FOLLOW-UP  
INSTRUCTIONS RECEIVED BY ME IN WRITING, WHICH WERE EXPLAINED TO ME.

DATE - TIME OF DISC.

PHYSICIAN'S SIGNATURE

PLAINTIFF'S  
EXHIBIT

7



614424 RC-  
 ARNOLD RICHARD L. M 11 P/T-R/R  
 P O BOX 830122 TUSSEGEN AL  
 BULLOZ ROL WALKER ROL  
 WALKER ROL 08/28/05 B/D 09/24/93

## EMERGENCY ROOM RECORD

Community Hospital, Inc - Tallapoosa, Alabama 35429-6541

Data Obtained From: ☐ PT ☐ Family ☐ MS ☐ Prior Records ☐ Other☐ Unable to Obtain Time of Assessment☐ am ☐ pm

CHIEF COMPLAINT: <i>Blister on the left lower</i>	
LOCATION	SEVERITY: <i>now become a blister</i>
TIMING	QUALITY:
DURATION: <i>Two weeks</i>	CONTEXT:
MODIFYING FACTORS: <i>Started as a scab</i>	ASSOC SIGNS/SYMPTOMS:
PAST HX: DM 1BP CA CVA CAD SEIZURES STIPIDS RENAL DZ <input type="checkbox"/> Negative Hx	
FAMILY HX: DM 1BP CA CVA CAD SEIZURES <input type="checkbox"/> LIPIDS <input type="checkbox"/> Negative Hx	
ILLNESS / INJURIES	
SURGERIES / HOSPITALIZATIONS:	
SOCIAL HX: Tobacco <input type="checkbox"/> TOB <input type="checkbox"/> High Cholesterol	
IMMUNIZATIONS: <input type="checkbox"/> DTD (Chickenpox, Flu, Pneumo, Tetanus)	
ALLERGIES	
ROSI:	
GENERAL:	PSYCH:
SKIN: <i>blister / skin infection</i>	ENDO:
EYES:	HEM / LYMPH:
HEENT:	ALLERGY/IMMUNE:
CARDIOVASC:	NEURO:
PHYSICAL EXAM: <input type="checkbox"/> Limited by Condition <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/> BP <i>130/80</i>	
GENERAL: <input type="checkbox"/> Normal (Well developed, Well nourished) <input type="checkbox"/> Abnormal (Fever, Lethargy, Wt. loss, Weakness, N/V/D, Fatigue)	
EYES: <input type="checkbox"/> Normal (PERL, Fund, EOM) <input type="checkbox"/> Abnormal (Redness, Blurred Vision, Conjunctive & Gougonu)	
ENT: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Pharynx red, Sinus congestion, TM's red)	
NECK: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (JVD, Lymphadenopathy, Neck rigid, Carotid bruit, Goiter, Tenderness)	
CV: <input type="checkbox"/> Normal (Rate, Rhythm) <input type="checkbox"/> Abnormal (Murmur, Rub, Gallop, Irregular pulse)	
RESP: <input type="checkbox"/> Normal (RRS Clear & P) <input type="checkbox"/> Abnormal (Rhonchi, Rales, Wheezing, Rub, Dyspnea, Pain, JRS, Cough)	
GI: <input type="checkbox"/> Normal (Soft, BS Normal) <input type="checkbox"/> Abnormal (Tender, Rebound, Guarding, Mass, JRS, TBS)	
GU: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Tender, Discharge, Mass)	
MS: <input type="checkbox"/> Normal (Pulse, Cap Refill, ROM) <input type="checkbox"/> Abnormal (Rigidity, Tender, ROM, Distortly Weakness)	
SKIN: <input type="checkbox"/> Normal (Color, Warmth) <input type="checkbox"/> Abnormal (Pale, Cyanotic, Diaphoresis, Dry, Poor turgor, Rash, Pallor, Jaundice)	
NEURO: <input type="checkbox"/> Normal (CN I-XII intact, Reflexes, Motor, Alert, Sensory, Oriented & B) <input type="checkbox"/> Abnormal (Disoriented, Unresponsive, Lethargic, Sensory Loss, Abnormal)	
PSYCH: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Combative, Anxious, Affect, Depressed)	
HEM / LYMPH: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Lymphadenopathy)	
TEST RESULTS:	MANAGEMENT:
CONDITION: <i>stable</i> <input type="checkbox"/> Improved <input type="checkbox"/> unstable	
DISPOSITION: <i>home</i> <input type="checkbox"/> admitted <input type="checkbox"/> transferred	
PHYSICIAN'S SIGNATURE: <i>[Signature]</i>	DIAGNOSIS: <i>Cutaneous pyoderma</i>
DISCHARGE INSTRUCTIONS: IF YOU HAD X-RAYS: Some fractures are difficult to detect initially due to patient status such as small bones (children), bone disease (osteoporosis), significant swelling or positioning difficulties due to pain or other injuries. It is important that you contact your physician's office between 2-4 pm to receive the radiologist's interpretation of your x-rays. It may be necessary for you to have additional treatment or additional films taken.	
<input type="checkbox"/> Return to ER for <input type="checkbox"/> If systems worsen or do not improve, call your private physician or return to the ER <input type="checkbox"/> See your regular doctor on <i>next week</i> <input type="checkbox"/> Instruction sheet given <input type="checkbox"/> Other	
<input type="checkbox"/> Keep dressing clean & dry <input type="checkbox"/> Elevate injured area <input type="checkbox"/> Rewrap and bandage if too loose or too tight <input type="checkbox"/> Ice (off & on) injured area <input type="checkbox"/> No driving today <input type="checkbox"/> Rest at home today <input type="checkbox"/> Return to work/school in <i>3</i> days <input type="checkbox"/> Drink lots of fluids <input type="checkbox"/> Take prescriptions as directed	
Received by: <i>[Signature]</i> Patient or Guardian: <i>[Signature]</i>	

EMERGENCY ROOM RECORD  
Community Hospital, Inc.  
Tallassee, Alabama Ph: 334/283-6541

[illegible]

Telephone 010 0 844 0 16 Address Green ..... Sto ..... Highland ..... Co .....

### Nurses' Notes:

435/p dec Bone Blumaid Of

AUTHORIZATION FOR TREATMENT

The undersigned has been informed of the treatment considered to be necessary and that the treatment and procedures will be performed by physicians, podiatrists and/or employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned understands that a physician is to be selected by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise. The undersigned has read or had read to her/him, the above authorization and understands the same and certifies that no guarantee or assurance has been made to the results that may be obtained. This authorization must be signed by the nearest relative or guardian if the patient is a minor or is physically or mentally incompetent.

$\frac{1}{\sqrt{2}} \begin{pmatrix} 1 & i \\ 0 & 1 \end{pmatrix}$

**Date**

$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$

[illegible]

1. **Introduction**

PRINT DATE: 08/31/05 539

Dr. Umil Patel

Medical Director Respiratory

TIME: 16:55

Community Hospital

Friendship Rd. Tallahassee, AL 32308

CLIA# 01D0333699

LABORATORY --- CUMULATIVE REPORT

PAGE 1

Dr. Robert E. Adams

Medical Director Lab

RELACOM

NAME: - ARNOLD RICHARD L

SEX: - M

PHY: - BALKIN, ROLA S

ACCT#: 614424

AGE: - 11 Y

ADMIT: 08/28/05

ROOM: E/R

- NO PENDING ORDERS

DOB: - 09/24/1993

MR#: -

PAT. PHONE: 3347251556

**MICROBIOLOGY**

--ORDERED--	--COLLECTED--	--REC'D--	--RESULTED--	--VERIFIED--
8/28/05 1625	8/28/05 1737	8/28/05 1737	8/31/05 1054	8/31/05 1055
BSS	BSS	LL	DW	DW

## ROUND CULTURE

Specimen Source: R KNEE  
 Culture Number: 67427

\*\*\*\*\*FINAL REPORT\*\*\*\*\*

Preliminary SEE BELOW  
 Final Report SEE BELOW  
 after 48 hours

\*\*\*\*\*

SENSITIVITY 6

## ANTIMICROBIAL SUSCEPTIBILITY TESTING

## GRAM POSITIVE ORGANISMS

Organism(s) Found 1. STAPH AUREUS-MRSA  
 2.

\*\*\*\*\*

		Organism: #1	#2
Trimoxax	SXT	S	
Tetracycline	TE	S	
Rifampin		S	
Cefazolin	CF	R	
Erythromycin	E	R	
Clindamycin	CC	S	
Levofloxacin	LUX	R	
Oxacillin	OX	R	
Penicillin G	P	R	
Ampicillin/Sulbactam		R	
Gentamicin	GM	S	
Vancomycin	VA	S	
Nitrofurantoin		S	

(CODE)

S - Susceptible I - Intermediate R - Resistant

COMMUNITY HOSPITAL  
905 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
334-283 6541

5 PREFIX NO

630047680

44 PREFIX NO

082805

7 PREFIX NO

082805

7 COVER

000

8 PREFIX NO

0001

9 PREFIX NO

614424

10 PREFIX NO

614424

13 PATIENT ADDRESS

P O BOX 830122

TUSKEGEE

AL

36083

12 PATIENT NAME

ARNOLD RICHARD L

14 BIRTHDATE

09241993

M

S

082805

11

1

7

16

01

614424

15 OCCURRENCE DATE

05/082805

ARNOLD RICHARD

P O BOX 830122

TUSKEGEE

AL

36083

42 RLS CD	43 DESCRIPTION	44 HOSPITAL RATES	45 GERN DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHGS	49
0250	PHARMACY			1	177.01	177.01	
0306	LAB/BACTERIOLOGY & MICRO			1	40.00	40.00	
0450	EMERGENCY ROOM			2	240.00	240.00	
0960	PROF FEES-F/R DR				183.00	183.00	
0001	TOTALS			4	640.01	640.01	

BENEFITS ASSIGNED

50 PAYER

A ARNOLD RICHARD

B MEDICATED OP

51 PROVIDER NO

H080034H

52 REL. 53 AGO

Y Y

Y Y

54 PRIOR PAYMENTS

55 EST AMOUNT DUE

0.00

457.01

183.00

DUE FROM PATIENT --&gt;

56 SPONSOR'S NAME

A ARNOLD RICHARD

B ARNOLD RICHARD L

57 PREFIX NO

03

58 CERT SSN (H080034H)

421410583

59 PREFIX NO

01

60 CERT SSN (0004214105838)

61 GROUP NAME

62 INSURANCE GROUP NO

63 TREATMENT AUTHORIZATION CODES

64 EMPLOYER NAME

STATE OF ALABAMA

STATE OF ALABAMA

65 EMPLOYER LOCATION

66 PREFIX NO

67 PREFIX NO

68 PREFIX NO

69 PREFIX NO

70 PREFIX NO

71 PREFIX NO

72 PREFIX NO

73 PREFIX NO

74 PREFIX NO

75 PREFIX NO

76 PREFIX NO

77 PREFIX NO

78 PREFIX NO

79 PREFIX NO

80 PREFIX NO

81 PREFIX NO

82 PREFIX NO

83 PREFIX NO

84 PREFIX NO

85 PREFIX NO

86 PREFIX NO

87 PREFIX NO

88 PREFIX NO

89 PREFIX NO

90 PREFIX NO

91 PREFIX NO

92 PREFIX NO

93 PREFIX NO

94 PREFIX NO

95 PREFIX NO

96 PREFIX NO

97 PREFIX NO

98 PREFIX NO

99 PREFIX NO

100 PREFIX NO

101 PREFIX NO

102 PREFIX NO

103 PREFIX NO

104 PREFIX NO

105 PREFIX NO

106 PREFIX NO

107 PREFIX NO

108 PREFIX NO

109 PREFIX NO

110 PREFIX NO

84 REMARKS

85 ATTENDING PHYS

F70192 BALLUZ RUIA S

86 ADM DIAG CD

87 PREFIX NO

88 OTHER PHYS ID

89 OTHER PHYS ID

90 PROVIDER REPRESENTATIVE

Michelle Bico

91 DATE

032807

DB-90 HCPA-1450

OCE/ORIGINAL

hurt R hand

EMERGENCY ROOM RECORD  
Community Hospital, Inc.  
Birmingham, Alabama Ph 334-283-6541

Arnold, Richard

Molly Walker

Arrive Time 1803 <sup>PM</sup> Per Ambulance ☒ Private Car ☐ Other ☐

ADMIT NUMBER 7258016	AGE 3	PATIENT NAME ARNOLD RICHARD	DOB 9/24/1993	SEX M	RACE SB	DATE OF BIRTH 7/08/03	TIME 18:23	DEPARTMENT ED
ADDRESS LINE 1 PO BOX 820122	ADDRESS LINE 2	CITY TUSKEGEE	STATE AL	ZIP 36083	TELEPHONE 334-725-1556			
ALERT CODE 421410503	EMERGENCY CONTACT NAME LIGON JEANETTE	EMERGENCY CONTACT ADDRESS GRANDMOTHER	ADDRESS 603 NORTH WRIGHT			TELEPHONE 334-727-5788		
EMERGENCY CONTACT PHONE MEDICAID-0/P	CONTRACT OR GROUP NUMBER 0004214105039		PLACED 07/01/03		REASON FOR VISIT No fault Back Injury			
GUARANTOR NAME ARNOLD STEPHANIE	GUARANTOR ADDRESS PO BOX 820122	CITY TUSKEGEE	STATE AL	ZIP 36083	TELEPHONE 725-1556			
GUARANTOR EMPLOYER MAGNOLIA NURSING HOME	GUARANTOR OCCUPATION	GUARANTOR ADDRESS 603 NORTH WRIGHT			GUARANTOR TELEPHONE 727-4960			
ADMIT SERVICE	PREV SERV DATE	PREV SERV CODE	PREV SERV Y	FAMILY PHYSICIAN FARAH MOHE/WALKER MD				

Time 1800 <sup>PM</sup> Allergies: None

Home Meds: None

Chief Complaint: Trying to @ "Pain" R. Arm - last wk - W/  
to Basketball & Pushed Backwards - Saw A Figure  
Back of RT Hand swollen & tender to touch - no P.P.  
contact

Time	T	P	R	RR	Pulse Ox
1810	98	72		12/13	

Cardiac Monitor On Inter DTS On

Triage Level: Emergency ☒ Urgent ☐ Non-Urgent ☐ Signature/Title [Signature]

ASSESSMENT Completed by [Signature] Time 1809 <sup>PM</sup> Uam (bpm)

Consciousness: Awake Responses: Verbal Pain Unresponsive Verbal Other None Speech: Clear Incontinent None Dysphagia None Shallow None Abusive None Other None

Pupils: L R Unilateral None Reactive None Fixed None Pupil None Sluggish None Size None Color None Moist None Pale None Flushed None Cyanotic None Jaundiced None Other None

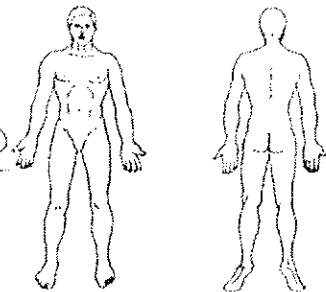
SKIN: Warm Dry None Hot None Cool None Moist None Other None Pulse: Normal Rapid None Slow None Irregular None Thready None Bounding None Other None

Respiratory: Clear Labored None Coughing None Irregular None Absent None Other None Lungs: Clear RRS None Rales None Rhales None Wheezing None Other None

Extremities: Warm None Edema None Other None

Tests: CXR ☐ EKG ☐ Rapid Resp ☐ CBC ☐ BS ☐ Card Enzymes ☐ Blood Cult ☐ Urine Cult ☐ UA ☐ Chem 7 ☐ Chem 12 ☐ LFT ☐ PT/PTT ☐ TPOB ☐

Time	Medication Administered	Treatment Given
	mohrin 10cc PO @ 1900 <u>ASMR</u>	
	metal wrist splint @ 3" ACE x2 to @ hand @ 1900 <u>ASMR</u>	



Intake: GDT 110s 110 Amount Given: 110 Site: 110 Treated: 110 Co: 110

Nurses Notes: 7/8/03  
8/15/03

1905 DX to home c Rx: instructions. Rx: parents verbalized understanding instructions ASMR

## AUTHORIZATION FOR TREATMENT

The undersigned has been informed of the treatment considered to be necessary and that the treatment and procedures will be performed by physicians, practitioners and/or employees of the hospital. Authorization is hereby granted for such treatment and procedures. The undersigned understands that a physician is to be selected by or on behalf of the patient within 24 hours if hospitalization or further treatment is required, or immediately if complications arise. The undersigned has read or had read to him/her, the above authorization and understands the same and certifies that no guarantee or assurance has been made to the results that may be obtained. This authorization must be signed by the nearest relative or guardian if the patient is a minor or is physically or mentally incompetent.

Stephanie Arnold  
Signature of Patient/Guardian

7-8-03  
Date

ASMR  
Relationship of Guardian

D. Kinville  
Witness

07/08/03  
Date



## EMERGENCY ROOM RECORD

Community Hospital, Inc., Tallahassee, Alabama 32303-6541

Data Obtained From: ☒ Patient ☐ Family ☐ EMS ☐ Prior Records ☐ Other☐ Unable to Obtain Time of Assessment: 6:00 PM ☒ 7:00 PM

CHIEF COMPLAINT: Left hand pain

LOCATION: Left hand SEVERITY: \_\_\_\_\_

TIMING: \_\_\_\_\_ QUALITY: \_\_\_\_\_

DURATION: 1 week CONTEXT: injury while playing basketball/league

MODIFYING FACTORS: \_\_\_\_\_ ASSOC SIGNS/SYMPTOMS: no pain in right hand

PAST HX: DM ☐ BP ☐ CA ☐ CVA ☐ CAD ☐ SEIZURES ☐ LIPIDS ☐ RENAL ☐ Negative Hx

ILLNESS/INJURIES: \_\_\_\_\_

SURGERIES/HOSPITALIZATIONS: \_\_\_\_\_

IMMUNIZATIONS: ☒ DTD (Childhood) ☐ Flu ☐ Pneumo ☐ Tetanus

FAMILY HX: DM ☐ BP ☐ CA ☐ CVA ☐ CAD ☐ SEIZURES ☐ LIPIDS ☐ Negative Hx

SOCIAL HX: Tobacco ☐ ETOH ☐ Illicit Drugs ☐

ALLERGIES: Penicillin

ROS:

GENERAL: \_\_\_\_\_ RESP: \_\_\_\_\_ PSYCH: \_\_\_\_\_

SKIN: flaccid GI: \_\_\_\_\_ ENDO: \_\_\_\_\_

EYES: \_\_\_\_\_ GU: \_\_\_\_\_ HEM/LYMPH: \_\_\_\_\_

ENT: \_\_\_\_\_ MUSC: no pain in right hand ALLERGY/IMMUNE: \_\_\_\_\_

EMATE: \_\_\_\_\_ NEURO: no pain in right hand

CARDVASC: \_\_\_\_\_

PHYSICAL EXAM: ☐ Limited by Condition ☒ T ☐ R ☐ P 12/15/06 BP \_\_\_\_\_

GENERAL: ☐ Normal (Well developed, Well nourished) ☐ Abnormal (Fever, Lethargy, Wt Loss, Weakness, N/V/D, Fatigue)

EYES: ☐ Normal (PERL, Fundi, EOM) ☐ Abnormal (Redness, Blurred Vision, Conjunctivitis, Glaucoma)

ENT: ☐ Normal ☐ Abnormal (Pharynx red, Sinus congestion, TM's red)

NECK: ☐ Normal ☐ Abnormal (JVD, Lymphadenopathy, Neck rigid, Carotid bruit, Goiter, Tenderness)

CV: ☐ Normal (Rate, Rhythm) ☐ Abnormal (Murmur, Rub, Gallop, Irregular pulse)

RESP: ☐ Normal (RRS, Clear A & P) ☐ Abnormal (Rhonchi, Rales, Wheezing, Rub, Dyspnea, Pain, IBS, Cough)

GI: ☐ Normal (Soft, BS Normal) ☐ Abnormal (Tender, Rebound, Guarding, Mass, IBS, IBS)

GU: ☐ Normal ☐ Abnormal (Tender, Discharge, Mass)

MS: ☐ Normal (Pulse, Cap Refl, ROM) ☐ Abnormal (Tender, ROM, Deformity, Weakness) Hand & Wrist

SKIN: ☐ Normal (Color, Warm/Dry) ☐ Abnormal (Pale, Cyanotic, Diaphoresis, Dry, Poor turgor, Rash, Pallor, Jaundice)

NEURO: ☐ Normal (CN II-XII intact, Reflexes, Motor, Alert, Sensory, Oriented x 3) ☐ Abnormal (Disoriented, Unresponsive, Lethargic, Sensory Loss, Abgait)

PSYCH: ☐ Normal ☐ Abnormal (Combative, Anxious, Affect Depressed)

HEM/LYMPH: ☐ Normal ☐ Abnormal (Lymphadenopathy)

TEST RESULTS: Hand & Wrist

MANAGEMENT: Hand & Wrist

Hand & Wrist

Hand & Wrist

Hand & Wrist

CONDITION: stable Improved ☐ unstable ☐

DISPOSITION: home admitted ☐ transferred ☐

PHYSICIAN'S SIGNATURE: Dr. Stephen J. Smith DIAGNOSIS: Hand & Wrist

DISCHARGE INSTRUCTIONS: IF YOU HAD X-RAYS. Some fractures are difficult to detect initially due to patient status such as small bones (children), bone disease (osteoporosis), significant swelling or positioning difficulties due to pain or other injuries. It is important that you contact your physician's office between 2-4 pm to receive the radiologist's interpretation of your x-rays. It may be necessary for you to have additional treatment or additional films taken.

☐ Return to ER on \_\_\_\_\_ ☐ Keep dressing clean & dry ☐ No driving today ☒ Take prescriptions as directed

☐ If systems worsen or do not improve, call your private physician or return to the ER. ☐ Elevate injured area ☐ Rest at home today

☐ See your regular doctor on \_\_\_\_\_ ☐ Rewrap ace bandage if too loose or too tight ☐ Return to work/school in \_\_\_\_\_ days

☐ Instruction sheet given ☐ Ice (off & on) injured area ☐ Drink lots of fluids

☐ Other: Dr. Stephen J. Smith Received by: Dr. Stephen J. Smith

Pat: \_\_\_\_\_

COMMUNITY HOSPITAL  
TALLASSEE, ALABAMA 36078  
RADIOLOGY DEPARTMENT REPORT

NAME: ARNOLD RICHARD  
ROOM:  
STAY TYPE: E/R  
AGE: 9  
FILM #: 48464  
ADMIT: 07/08/03  
DISCH DATE: 07/08/03  
TRANS. DATE: 7/09/03  
TRANS. TIME: 10:53  
TRANS. INIT.: PM

ACCT NUMBER: 425888  
MR NUMBER:  
DOB: 09/24/1993  
SEX: M  
PHONE: 334/725/1556  
ORDERING PHY: FARAH MAHE  
REFER PHY: WALKER MOL  
E/C: XB

\*\*\*Unsigned Transcriptions represent a preliminary report and do not represent a medical or legal document\*\*\*

=>XRAY ORDER<= COMPLETE:07/08/03 6:43P AED 11160  
Reason For Procedure: INJURY  
HAND RT 3 VIEWS COMPLETE:07/08/03 6:43P AED 11162

DICT: 07/09/03  
TYPED: 07/09/03 PM

RIGHT HAND, THREE VIEWS DATED 07/08/03:

FINDINGS: There is a non-displaced fracture involving the distal metaphysis of the second metacarpal. There is no significant angulation. I can not tell with certainty whether this extends into the growth plate. No other fractures are seen.

IMPRESSION: (1). DISTAL SECOND METACARPAL FRACTURE.

Dictated by: KENNETH JOE RICHARDSON, M.D.

This report has been Electronically Signed:  
KENNETH R RICHARDSON  
M.D.

SIGNED: \_\_\_\_\_

ADN DATE: 07/15/04 Community Hospital MASTER DATE: 07/15/04 PAGE: 1  
 TIME: 5:00 A/E INFOTES RETAIL DATE: 07/15/04 HEADUP  
 ZERO SINCE: 05/11/05

PATIENT NAME	MR	CHARACTER	SEX	BIRTH	AGE	PHONE	PRIVACY
STAY	ADDRESS	MR	ADMIT	SRV	S.S.	DATE	
ARNOLD RICHARD	ARNOLD STEPHANIE	M	08/24/93	E	374 735-1556	Y	
405555	PO BOX 830122	S	07/08/03	E	421-41-0583	07/08/03	
E.E.	TUCKERSEE	AL	36003	07/08/03	PARAN NAME		
DATE	SRV	TYPE	REF	CHG	CTY	AMT	DESCRIPTION
07/08/03	08/20/03	INS	XB	MEDICAID OP		EXP. AMT: 172.00	
07/08/03		CHG	25	8170749	1	73	.00 30100075 XRAY ORDER
07/08/03		CHG	25	8170541	1	73	170.00 30100025 HAND XT 3 VIB
07/08/03		CHG	12	8085158	1	46	140.00 30100012 EMERGENCY ROOM
07/08/03		CHG	12	8334449	2	43	5.00 30100046 ACE BANDAID 3
07/08/03		CHG	12	7919070	10	76	3.50 30100012 KETTERIN SUSPEN
07/08/03		PHYSICN				173.00	LEVEL 4 PHY
07/08/03		CHG	13	1399284	1	94	173.00 30100013 LEVEL 4 PHY
07/14/03	08/20/03	INS	XP	MEDICAID PHYSICIAN		EXP. AMT: 172.00	
08/20/03		N	XB	BILLED 8/20/03			
08/20/03		N	XP	BILLED 8/20/03			
08/29/03		INS	IN	201772	F	772.50	60-10000000 MEDICAID O/P
08/29/03		N	BILLED:	8/29/03	REIM:	49.71	
08/29/03		N	COPY:	0.00	NONPAY	0.00	
08/29/03		N	CONTR:	0.00	CONTRA:	222.79	
08/29/03		PAY	IN	201773	F	173.00	60-10000000 MEDICAID PHYSICIAN
08/29/03		N	BILLED:	8/29/03	REIM:	49.00	
08/29/03		N	COPY:	0.00	NONPAY	0.00	
08/29/03		N	CONTR:	0.00	CONTRA:	168.00	



03/28/07  
14:55 Wednesday

Community Hospital  
PATIENT ACCOUNT DETAIL 614424 ARNOLD RICHARD L

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MSARDET

COMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 FAX ID#: 630647689

PATIENT-----	BILLING INFORMATION-----
1 NUM/NAME-: 614424 ARNOLD RICHARD L	16 CREDIT----: HOSP DRG.: 279
2 SEX-----: M	17 BILL-----: FINAL DRG.:
3 BIRTH-----: 09/24/1993	18 CYCLE-----:
4 DOCTOR---: 119800 BALLUZ RUL	19 STAY TYPE--: 3 E/R
5 MARITAL---: S	20 SERVICE---: A
6 SOC.SEC.-:	21 INSURANCE-: XB MEDICAID OP

GUARANTOR-----	ADMISSION-----
10 NAME-----: ARNOLD RICHARD	22 DATE-----: 9/28/05
11 ADDRESS-1: P O BOX 830122	23 CODE-----: E
12 ADDRESS-2:	
13 CITY/ST--: TUSKEGEE AL	DISCHARGE-----
14 ZIP-----: 36083	25 DATE-----: 8/28/05 DAY STAY
15 PHONE-----: 3347251556	26 CODE-----: M 01/HOME

A/R	SERV	TYPE	CHG/REC					
DATE	DATE	TRAN CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	NECESSARY CPT	
08/28/05		CHG 55	8299999	1.00 <<CANCEL LAB ORDER REQUEST>>	1.00			
08/28/05		CHG 46	8690798	1.00 INJECTION ANTIBIOTIC	50.00		90772	
08/28/05		CHG 46	8685158	1.00 EMERGENCY ROOM 3	190.00		99282	
08/28/05		CHG 58	8249104	1.00 CULTURE WOUND OTHER	40.00		87070	
08/28/05		CHG 78	7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VTAL	177.01		J0696	
08/30/05				LEVEL 4 PHY				
08/30/05	08/28/05	CHG 94	1399284	1.00 LEVEL 4 PHY	183.00		99284	
09/16/05		PAY 7H	246047	XB MEDICAID OP		457.01		
11/28/05		PAY 7H	250229	XP MEDICAID PHYSICIAN		183.00		

AR BALANCE.....0.00

03/28/07  
14:55 Wednesday

Community Hospital  
PATIENT ACCOUNT DETAIL 614424 ARNOLD RICHARD L

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H5ARDET

COMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047680

\*\*\*\*\* CHARGE SUMMARY \*\*\*\*\*

SUMMARY		DAYS MED-		
CODE	DESCRIPTION	AMOUNT	DAYS	NECESSARY UNITS
45	EMERGENCY ROOM	240.00		2.00
56	LAB/BACTERIOLOGY & MICROBIOLOG	40.00		1.00
78	PHARMACY	177.01		1.00
94	PROF FEES-E/R DR	183.00		1.00
TOTAL CHARGES.....		640.01		
TOTAL ADJUSTMENTS.....		0.00		
LESS PAYMENTS.....		640.01		
AR BALANCE.....		0.00		